

DO NOT FAX

Franklin County Treasurer - Richard Cordray
Attn: Refunds
373 South High Street * Columbus, Ohio 43215
614-462-7501

DO NOT FAX

The undersigned makes claim to Funds now in the custody of the Franklin County Treasurer's Office in the amount specified below.

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY. PAYMENT VERIFICATION MUST BE PROVIDED FOR ALL OVERPAYMENTS MADE PRIOR TO TAX YEAR 1999. ACCEPTABLE FORMS OF PAYMENT VERIFICATION ARE AS FOLLOWS: FRONT AND BACK CANCELLED CHECK, MONEY ORDER, CASHIER'S CHECK OR PAID STAMPED RECEIPT. FAILURE TO DO SO WILL DELAY THE PROCESSING OF THE CLAIM.

PLEASE PRINT OR TYPE **Form must be completed by entity/individual who made payment**

Amount of Overpayment	District/Parcel #	Tax Year and Half of Overpayment		
\$				
Property Location		Property Owner's Name		
Summarize how the overpayment occurred:				
Claimant's Name		Claimant's Phone Number		
		() -		
Claimant's Address		City	State	Zip
Are you a professional finder? (If yes, an original Power of Attorney is required.) <input type="checkbox"/> YES <input type="checkbox"/> NO				
MAIL OVERPAYMENT TO CLAIMANT'S ADDRESS <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF NO, PLEASE PROVIDE THE NAME AND ADDRESS INFORMATION BELOW				

*** YOU WILL BE NOTIFIED IN WRITING IF THIS OVERPAYMENT HAS ALREADY BEEN REFUNDED ON THE PARCEL.***

THIS FORM MUST BE SWORN TO AND SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

Under penalties of perjury, I certify that the information provided on this claim form is true and correct and all supporting documents presented are original or true unaltered copies of the original documents. I also certify that I have a legal or equitable interest in the Unclaimed Funds and will indemnify and save harmless Franklin County, Ohio, and its employees from any damages, claims or losses of any kind resulting from payment of the above described funds to claimant.

X Claimant's Signature _____ Date _____
(If claiming on behalf of a business, print and sign both your name and the business name)

Please PRINT or TYPE Claimant's Name _____

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public Signature